DHHS: MH/DD/SAS STRATEGIC INITIATIVES

Joint Legislative Oversight Committee
On Mental Health, Developmental Disabilities and Substance Abuse Services
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PRESENTATION FORMAT

- Structure & Goals
- Current Realities in Community System
- Cross Disabilities Initiatives
- Mental Health Initiatives
- Substance Abuse Initiatives
- Developmental Disabilities Initiatives
- System Management: Local Management Entities (LMEs) & DMH/DD/SAS

STRUCTURE & GOALS

- Ambitious agenda – Given Limited Resources
- Focus on Practical/Concrete Issues (1 – 2 year statement of Strategic Initiatives)
- Focus on Quality Concerns in Community System
- Provides opportunity for consumer, family and provider input into system change

STRUCTURE & GOALS CONT'D

- Driven by Realities/Values
- Initiatives reflects close coordination between DMA & DMH/DD/SAS
- Address the "New Realities" of our post-reform world

STRUCTURE & GOALS CONT'D

- Provides framework inside which to understand current budget/program/management initiatives
- Reflects a number of initiatives associated with Legislative requirements
- Set of initiatives connected by common themes

CURRENT REALITIES

- Strategic Initiatives must recognize the following realities with regard to our current community system:
  - Need to create a more Stable System
  - Significant concerns with Service Quality – Critical Focus
  - Need/Demand exceeds existing resources
  - Limited resources require that we focus on clear coherent objectives

CURRENT REALITIES CONT'D

- Need to set clear policy direction for Providers/LMEs
- Create financial incentives/payment mechanisms that support quality consumer outcomes
- Address legislative mandates/timeframes/special provisions regarding system management

CURRENT REALITIES CONT'D

- Support the development of a quality provider network
- Protect critical Core/Crisis Services
- Provide the tools essential to the management of our "Free Market" service environment
- Increase Accountability, Credibility, Efficiency & Consistency within the System

CURRENT REALITIES CONT'D

- Expand community inpatient psychiatric capacity
- Require the utilization of best practice service models
- Support consistent local system management – clear roles/accountability/economies of scale
- More anticipatory/less reactive management strategies
- Create system on which we can build as funding returns
- Need for constant monitoring & feedback on system changes

CROSS DISABILITY INITIATIVES

- Review critical Medicaid/State Funded Service Definitions
  - Require Evidence Based Practice Models
  - Strengthen Clinical Supervision Requirements
  - Strengthen Provider Qualifications (CABHA)

CROSS DISABILITY INITIATIVES CONT'D

- Expansion of Medicaid Waivers 1915 (b) (c)
  - Supports capitated, at risk Medicaid Services for MH/DD/SAS consumers
  - December 17, 2009: Technical Amendment (TA) submitted to CMS
  - TA turns modified version of Piedmont Wavier into NC Waiver for Statewide implementation
  - Plan: 1 – 2 new LMEs to join waiver during FY 10-11

CROSS DISABILITY INITIATIVES CONT'D

- Selection of 1 – 2 LMEs in June 2010 (RFP Process)
- January 2011 Start up – Expanded waiver sites
- Waivers generate predictable Medicaid costs & best practice financial incentives
- Impact on number and size of LMEs (economies of scale/risk management)
- Returns Medicaid Utilization Management (UM) to the community
- Combines Medicaid/State funded UM activities at the community level

CROSS DISABILITY INITIATIVES CONT'D

- CABHA Implementation (How does it fit in?)
  - Support Quality Services
  - Increased Medical/Clinical oversight
  - Improved 1st Responder/Crisis Capacity for CABHA consumers
  - Increased System Accountability
  - Supports movement into a Medicaid Waiver Environment by creating more comprehensive service providers
  - Planned Implementation Date: July 1, 2010

CROSS DISABILITY INITIATIVES CONT'D

- Support Provider Training and Development
- Performance Improvement Collaborative (PIC) continue to identify new and promising practices
- Strengthen Provider Endorsement Process
  - Include Clinical Interviews in process
  - Monitor LME consistency/look behind reviews

CROSS DISABILITY INITIATIVES CONT'D

- Workforce Issues
  - Working with Academic Centers to identify additional training/internship opportunities designed to encourage students to enter public sector service
  - Continue to expand the use of telemedicine
  - Support permanent approval to train and employ additional categories of licensed clinicians to perform 1st Evaluation for Involuntary Commitment – expand statewide

CROSS DISABILITY INITIATIVES CONT'D

- Increase Consumer and Family Ownership
  - Implementing opportunities for self-direction in Supports waiver (also included in Medicaid waiver expansion)
  - Implementation of Peer Support services as a Medicaid-covered activity for MH/SA
  - Working with State and Local CFACs and statewide consumer and family self-advocacy groups to develop avenues for increased consumer and family input
  - Implementing revised Person Centered Plan with additional training designed to focus on intent of understanding the consumer's strengths and goals, rather than focusing on the form itself

CROSS DISABILITY INITIATIVES CONT'D

- Primary Health Care Integration
  - Foster CCNC/LME Care Management Coordination around high cost/high risk consumers
  - Develop Care Management Protocols between LMEs & CCNCs
  - Integrate CABHA Medical Directors in the Primary Care Integration efforts
  - Increase psychiatric training/support capacity within the CCNC Network

MENTAL HEALTH INITIATIVES

- Increase Community Psychiatric Inpatient Capacity
  - Implement/Monitor new and existing 3-Way Hospital Contracts
  - Transfer funds among contracts to insure full utilization
  - FY 10-11 Funding Request (Annualize existing contracts/expansion opportunities)
  - Reduce short term admissions to State Hospitals
- Support the Development/Refinement of Community Crisis Services (e.g. Mobile Crisis Teams, Walk-in Crisis Services, Provider 1st Responder Capacity)

MENTAL HEALTH INITIATIVES CONT'D

- Improved Outcomes for Consumer Discharged from State/Community Hospitals
- Address Community Issues Regarding Emergency Room Waiting Times for MH/SA Consumers
- Support the Development of Recovery Oriented Services
  - Development Alternative Payment Vehicles
  - Address data collection/outcome issues

MENTAL HEALTH INITIATIVES CONT'D

- Phase out Community Support Services (June 30, 2010)
- Introduce Peer Support and Case Management as new services in the Medicaid/State funded Service Array – July 1, 2010
- Develop Alternative Payment Mechanisms for Community Support Teams (CST)
- Continue Refinement of Community Child MH System – reduce dependency on Level III – IV Group Homes/Identify Service Gaps
- Introduce Therapeutic Family Services (TFS) as new Child MH Residential Service

SUBSTANCE ABUSE INITIATIVES

- Increase the recovery-orientation of the system through increased provider clinical competence (CABHAs) and the use of evidence-based practices.
- Use the Waiver and other avenues to develop more flexible ways to purchase SA services, recognizing the negative demand curve for those services.
- Monitor CABHA SA referrals & treatment patterns

SUBSTANCE ABUSE INITIATIVES CONT'D

- Offer technical assistance to SA providers to help them become financially successful in a fee-for-service environment, recognizing that far fewer SA consumers are Medicaid eligible but federal parity legislation (and, potentially, health care reform) will begin to mean more SA consumers have insurance benefits.
- Continue to refine and expand the Cross Area Service Program concept to make more SA services available on a regional basis.

DEVELOPMENTAL DISABILITIES INITIATIVES

- Expand Implement of 1915 (c) Waiver (Developmental Disabilities) to 1 – 2 additional LMEs by January 2011
- Prepare a new Traumatic Brain Injury (TBI) Waiver for funding consideration
- Review use of State DD funds—Can they be better leveraged as Medicaid Match?

DEVELOPMENTAL DISABILITIES INITIATIVES CONT'D

- Monitor/refine implementation of DD Start Teams (Specialized Crisis Service) and increase collaboration with Mobile Crisis
- Develop Improved Resource Allocation Methodology for DD funds — Supports Intensity Scale (SIS)
- Develop standardized authorization guidelines for LME funded DD Services
- Monitor utilization of new Tier I CAP MR/DD Slots

DEVELOPMENTAL DISABILITIES INITIATIVES CONT'D

- Develop Waiting List Methodology for DD Consumers at the Community Level

SYSTEM MANAGEMENT (STATE & LOCAL)

- Local Management Entities (LMEs):
  - Expand Medicaid Waiver Program
    - Add 1 – 2 New LMEs by January 2011
    - Impact size/number of LMEs
    - Must be able to assume risk (Organizational Models)
    - Local Management vs. Efficiency & Economies of Scale
  - Work to expand Community Psychiatric Inpatient—reduce ER waiting times
  - Improved Consistency in provider endorsement and monitoring—add Clinical Interviewing to the endorsement process

SYSTEM MANAGEMENT (STATE & LOCAL) CONT'D

- Transfer of Medicaid Utilization Management function to two LMEs (Durham & Eastpointe) by July 1, 2010.
- Support CABHA development and implementation
- Continued IT Improvements
- Implement standardized protocols for the coordination of primary care/behavioral health care integration

SYSTEM MANAGEMENT (STATE & LOCAL) CONT'D

- DMH/DD/SAS:
  - Review Staff Capacity vs Emerging System Demands (workload + skill sets)
  - IT/Information Upgrades/Management Reporting
  - Increased Data Sharing (Hospitals/LMEs/Primary Care)
  - Paperwork Reduction-LMEs/Providers
  - Joint DMA & DMH/DD/SAS monitoring of Medicaid Service Array changes

SYSTEM MANAGEMENT (STATE & LOCAL) CONT'D

- Monitoring LME Reserve Fund Utilization
- Implement new State Funded Service Definitions
- Monitor Utilization of State funds by CAP recipients
- Review/Update DHHS/LME Annual Contract

CONCLUSION

- Strategic Initiatives Designed to:
  - Focus Limited Resources on the Delivery of Quality Services
  - Foster Efficiency, Accountability, Consistency and Credibility
  - Provide Direction for Future System Development

CONCLUSION CONT'D

- Successfully Transition Increased System Management Responsibilities to the Community Level (Medicaid Wavier)
- Encourage the Implementation of Best Practice Service Models
- Reflect the Financial Realities That Confront our System
- Create a More Stable & Clinically Sound Service Environment